



Office of Health Facility Licensure & Certification

MAJOR INCIDENT REPORT

FAX THIS REPORT AND RETURN ORIGINAL TO:

Office of Health Facility Licensure & Certification
Attn: Assisted Living Program
408 Leon Sullivan Way
Charleston, WV 25301-1713
P: (304) 558-0050
F: (304) 558-2515

LOG NUMBER _____

DATE _____

OFFICIAL USE ONLY

FACILITY INFORMATION

Full Name: _____ Phone: () -

INCIDENT DETAILS

Resident Name: _____

Date of incident: _____ Time of incident: _____

Please check all that apply to the event:

- ☐ A fall, an accident or another event that seriously injures or threatens the life of the resident
- ☐ A resident's death occurring from other than natural causes
- ☐ A missing resident who is likely to injure himself or herself or who needs medication or treatment on a regular basis, and who is likely to have difficulty returning to the assisted living residence on his or her own
- ☐ Assault on a resident resulting in injury
- ☐ Other suspected criminal activity or events that cause the disruption of normal assisted living residence activity, including threats or occurrences of extreme violence, explosions, fire or natural disasters

Give a brief description of the incident: _____

SIGNATURE

I certify that this report and the information I have provided is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____